

CHARGE OF DISCRIMINATION	AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 110A01707
<small>This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.</small>		

_____ and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) Mr. Bobby Walker	HOME TELEPHONE (Include Area Code) 770-716-6830
STREET ADDRESS 59 Gleneagles Drive, Fayetteville, Georgia 30214	
DATE OF BIRTH 09/04/64	

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME Turner Sports	NUMBER OF EMPLOYEES, MEMBERS Over 500	TELEPHONE (Include Area Code) 404-603-1010
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STREET ADDRESS One CNN Center, Box 105366, Atlanta, Georgia 30348	CITY, STATE AND ZIP CODE	COUNTY Fulton
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NAME World Championship Wrestling ("WCW")	TELEPHONE NUMBER (Include Area Code) 404-603-1010
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STREET ADDRESS One CNN Center, Box 105366, Atlanta, Georgia 30348	CITY, STATE AND ZIP CODE	COUNTY Fulton
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)	DATE DISCRIMINATION TOOK PLACE EARLIEST _____ LATEST _____ <input checked="" type="checkbox"/> CONTINUING ACTION
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

1. Charging Party amends his previously filed Charge of Discrimination to include Turner Sports as a Respondent in this matter.
2. Respondent Turner Sports is Charging Party's employer for purposes of Title VII, and has full knowledge of these claims and the factual circumstances giving rise to these claims.
3. See Attached Affidavit and Exhibit.

DEFENDANT'S EXHIBIT

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I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY (when necessary for State and local Requirements) <i>Jay Carol Donahue</i> I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
I declare under penalty of perjury that the foregoing is true and correct.	SIGNATURE OF COMPLAINANT <i>Bobby Walker</i> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year) March 2001 MY COMMISSION EXPIRES NOV. 23, 2002
Date 03/26/2001 Charging Party (Signature) <i>Bobby Walker</i>	Date 03/26/2001